

**AUTHORIZATION TO RELEASE
CONFIDENTIAL INFORMATION**

State Form 54304 (6-10)

INDIANA STATE TEACHERS' RETIREMENT FUND

P. O. Box 7037

Indianapolis, IN 46207-7037

Telephone: (317) 232-3860 / Toll-free: (888) 286-3544

Fax: (800) 386-5127

Web site: www.in.gov/trf**PRIVACY NOTICE**

Your Social Security number is being requested by this agency pursuant to the requirements of IRS Code 3405. This disclosure is mandatory and this form cannot be processed without this information

This form was completed by (check one):

☐ Member ☐ Surviving beneficiary ☐ Court-appointed guardian* ☐ Power of Attorney with appropriate powers***MEMBER INFORMATION**

Complete this section with the information about the TRF member whose account information is being authorized for release by this form. Otherwise, only the fields labeled *required* must be provided.

| | | | |
|--------------------------------------|--|--------------------------------|----------|
| Name of member (<i>required</i>) | Social Security number (<i>required</i>) | PID number (<i>required</i>) | |
| Address (<i>number and street</i>) | City | State | ZIP Code |

SUBMITTER INFORMATION

This information is required only if the submitter of this form is someone other than the TRF member whose account information is being authorized for release by this form. *In the case of a Power of Attorney or court-appointed guardian, the appropriate documents must accompany this form or be on file and in effect with TRF.

| | | | |
|--------------------------------------|---------------------------------|-------|----------|
| Name of submitter | Telephone number with area code | | |
| Address (<i>number and street</i>) | City | State | ZIP Code |

THIRD PARTY INFORMATION

I hereby authorize the Indiana State Teachers' Retirement Fund to release confidential information and membership records related to this TRF account to the following third party. (*This information is required.*)

| | | | |
|--------------------------------------|------------------------|---------------------------------|----------|
| Name of third party | Relationship to member | Telephone number with area code | |
| Address (<i>number and street</i>) | City | State | ZIP Code |

AUTHORIZATION

Pursuant to IC 5-10.2-2-17, I, _____, do hereby ☐ **allow** ☐ **disallow**

Name of submitter

_____ access to all confidential information pertaining to the member's

Name of third party

(_____) TRF account. Unless otherwise stated, this Authorization remains in

Name of member

effect unless revoked in writing to the Indiana State Teachers' Retirement Fund.

I understand that, pursuant to IC 5-10.2-2-17, TRF records of individual members and membership information are confidential, except for the name and years of service of the TRF member. I further understand and agree that by signing this *Authorization to Release Confidential Information* (Authorization), I am waiving the legal protections provided by this statute to the extent I have directed above.

I understand and agree that any cancellation or modification of this Authorization must be in writing, and that this Authorization shall remain in effect until a written cancellation or modification is received by TRF. A photocopy or facsimile of this Authorization shall be as effective and valid as the original.

By signing this form, I release and hold harmless TRF, its agents, and its employees from any and all liability, charges, complaints, claims, causes of action, and damages of any kind which might be asserted in connection with the release of confidential information described herein.

| | |
|------------------------|-------------------|
| Signature of submitter | Date (mm/dd/yyyy) |
|------------------------|-------------------|